

## APPENDIX I

### FACILITIES SURVEY REPORT FOR INSTALLATION OF X-RAY SYSTEMS

I. Army and Air Force activities need only fill out those sections which are not included in their pre-procurement technical survey. (Copy of the pre-procurement technical survey Shall be included with the request for a TDP).

II. UTILITIES. Evaluation of utilities available at the proposed installation site. Identify the following characteristics:

	<u>AVAILABLE</u>	<u>PROPOSED</u>
a. Voltage	_____	_____ -
b. (50/60) Hertz	_____	_____ -
c. Kilowatt capacity	_____	_____ -
d. Phase (1 or 3)	_____	_____ -
e. Percent line regulation (max. KVA demand)	_____	_____ -
f. Number of elect. Wires	_____	_____ -
g. Elect. service wire size (1) power lines (gauge) (2)ground/neutral (gauge)	_____	_____ -
h. Rating of circuit breaker feeding the x-ray system	_____	_____ -
i. Compressed air (PSI)	_____	_____ -
j. List of other equipment fed by power cited. _____		

III. ROOM LIGHTING. Current location and amount of lighting has/has not been reviewed and is/is not considered adequated for the system to be installed (If a negative response is indicated above include estimated date for correction or completion).

IV. ROOM SIZE & LAYOUT. Attach a diagram of the proposed installation site (INCLUDING DIMENSION, LENGTH, WIDTH, HEIGHT) and locations of systems components, room description complete with location of electrical outlets (with rating) and door opening directions. (ROOM DIMENSIONS MUST INCLUDE CEILING HEIGHT). In addition to the diagram, provide the following details:

a. Provide the following information:

Building name and number \_\_\_\_\_  
Department room number \_\_\_\_\_ (e.g. Rad1, or 3, Uro 2, ect)  
Facility room number \_\_\_\_\_ (224, I6IH etc)  
Activity mailing address \_\_\_\_\_  
Activity freight address \_\_\_\_\_

b. Load bearing capability (1lbs/sq. ft.) and material/type of construction:

1. Floor \_\_\_\_\_ Construction \_\_\_\_\_  
2. Ceiling \_\_\_\_\_ Construction \_\_\_\_\_  
3. Walls \_\_\_\_\_ Construction \_\_\_\_\_

c. Date of last radiation safety survey on site \_\_\_\_\_.

d. Height and thickness of shielding on walls, floor, and ceiling (as applicable) and the material:

1. Floor \_\_\_\_\_ Material \_\_\_\_\_  
2. Ceiling \_\_\_\_\_ Material \_\_\_\_\_  
3. Walls \_\_\_\_\_ Material \_\_\_\_\_

e. Room modifications planned. List either the date of estimated completion (if modification has begun) or the lead time for modification once approval to proceed has been received:

MODIFICATION PLANNED

COMPLETION DATE/LEAD TIME

f. Minimum height, width, load bearing capabilities at any point along access routes through which the equipment will pass on the way to the installation site:

\_\_\_\_\_.

g. Date facility survey was completed \_\_\_\_\_.

h. Attach a detailed list of equipment with which the new equipment must be compatible.

i. Name, address and phone number of the person compiling this report.